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**TRANSMITTAL
FORM**

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Application Number

10/081,311

Filing Date

February 21, 2002

First Named Inventor

Baxter

Art Unit

2143

Examiner Name

Fatima M. Ast

Attorney Docket Number

Baxter 10-1-3 (LCNT/123928)

ENCLOSURES (check all that apply)☐ Fee Transmittal Form☐ Fee Attached☒ Amendment / Reply☐ After Final☐ Affidavits/declaration(s)☐ Extension of Time Request☐ Express Abandonment Request☐ Information Disclosure Statement☐ Certified Copy of Priority Document(s)☐ Reply to Missing Parts/
Incomplete Application☐ Reply to Missing Parts
under 37 CFR 1.52 or 1.53☐ Drawing(s)☐ Licensing-related Papers☐ Petition☐ Petition to Convert to a
Provisional Application☐ Power of Attorney, Revocation
Change of Correspondence Address☐ Terminal Disclaimer☐ Request for Refund☐ CD, Number of CD(s) _____☐ Landscape Table on CD☐ After Allowance Communication to TC☐ Appeal Communication to Board
of Appeals and Interferences☐ Appeal Communication to TC
(Appeal Notice, Brief, Reply Brief)☐ Proprietary Information☐ Status Letter☐ Other Enclosure(s)
(please identify below):**Remarks**

It is believed no fee is due. However, in the event a fee is due, kindly charge that fee to Deposit Account No. 20-0782. To facilitate that charge, a duplicate copy of this letter is enclosed.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm

Moser, Patterson & Sheridan, LLP

Signature

E. J. Wall

Printed Name

Eamon J. Wall

Date

9/8/05

Reg.
No.

39,414

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Signature

C. Wilson

Typed or printed name

C. Wilson

Date

9-8-05

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/21 (09-04)


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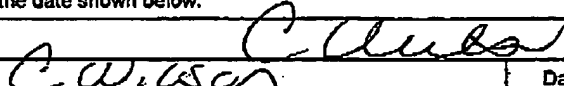
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TRANSMITTAL FORM	Application Number	10/081,311
	Filing Date	February 21, 2002
	First Named Inventor	Baxter
	Art Unit	2143
	Examiner Name	Fatima M. Ast
(to be used for all correspondence after initial filing)		
Total Number of Pages in This Submission		Attorney Docket Number Baxter 10-1-3 (LCNT/123928)

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) ____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks It is believed no fee is due. However, in the event a fee is due, kindly charge that fee to Deposit Account No. 20-0782. To facilitate that charge, a duplicate copy of this letter is enclosed.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	Moser, Patterson & Sheridan, LLP		
Signature			
Printed Name	Eamon J. Wall		
Date	9/8/05	Reg. No.	38,414

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Signature			Date
Typed or printed name	C. Wilson	Date	9-8-05

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IN THE UNITED STATES
PATENT AND TRADEMARK OFFICE**PATENT APPLICATION**Applicant: **Baxter et al.**Case: **Baxter 10-1-3**
(LCNT/123928)Serial No.: **10/081,311**Filed: **February 21, 2002**Examiner: **Ast, Fatima M.**Group Art Unit: **2143**Confirmation No: **3677**Title: **TRANSLATOR FOR ENABLING LOGICAL PARTITIONING OF A
NETWORK SWITCH****RESPONSE UNDER 37 C.F.R. §1.111**MAIL STOP AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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<u>9-8-05</u> Date	<u><i>Charles</i></u> <i>C. Wilson</i>

SIR:

In response to the non-final Office Action mailed June 23, 2005, please enter this response and reconsider the claims pending in the application for the reasons discussed below.

The Commissioner is authorized to charge any fee due, including extension of time and excess claim fees, to counsel's Deposit Account 20-0782/LCNT/123928.